

ABSTRACT

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A PROGRAM EVALUATION OF
GEORGIA CAMPAIGN FOR ADOLESCENT
PREGNANCY PREVENTION YOUTH LEADERSHIP PROGRAM

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This is an exploratory design that examines the effectiveness of Georgia Campaign for Adolescent Pregnancy Prevention Youth Leadership Program. This study was based on the premise that youth who participate in this program will have an increase in community service activities, increase in advocacy for issues in the community, enhanced leadership skills, and increase their knowledge in sexual health and gender issues. Because only three youths participated in the study, the evaluator could not evaluate the effectiveness of the Youth Leadership Program. However, this study does provide information based on whether the hypothesis would have been accepted or rejected. In conclusion more research should be conducted on the Youth Leadership Program to measure the effectiveness of the program.

A PROGRAM EVALUATION OF
GEORGIA CAMPAIGN FOR ADOLESCENT
PREGNANCY PREVENTION YOUTH LEADERSHIP PROGRAM

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TABLE OF CONTENTS

	PAGE
CHAPTER ONE	1
Introduction.....	1
Purpose.....	1
Description of the Program.....	3
Background of the Problem.....	5
Statement of the Problem.....	6
Significance of the Study.....	9
 CHAPTER TWO	 10
Review of the Literature.....	10
Devices Used for Measuring Effectiveness.....	10
Adolescent Family Life Act.....	11
Components of Effective Prevention Programs.....	13
Teens Perspective on Prevention Programs.....	20
Pregnancy Prevention Programs Aimed at Males.....	24
Limitations of the Literature.....	26
Purposed Study.....	27
Definition of Variables.....	27
 CHAPTER THREE	 29
Conceptual/Theoretical Framework.....	29
Hypothesis.....	31
 CHAPTER FOUR	 32
Methodology.....	32
Design of the Study.....	32
Description of the Setting.....	33
Sampling Procedures.....	33
Human Subjects Consent.....	33
Description of the Instruments.....	34
Data Collection Procedures.....	36
Statistical Analysis.....	38
 CHAPTER FIVE	 39
Presentation of Findings.....	39
 CHAPTER SIX	 48
Discussion and Implications of Findings.....	48
Limitations of the Study.....	48
Implications for Social Work.....	49

APPENDICIES.....	52
Appendix A: Incentive Form.....	53
Appendix B: Informed Consent.....	54
Appendix C: Sample Measure.....	56
REFERENCES.....	62

LIST OF TABLES

	PAGE
Table 1. Demographics Table N=3.....	39

CHAPTER ONE

INTRODUCTION

Purpose

The purpose of this study was to conduct a program evaluation on Georgia Campaign for Adolescent Pregnancy Prevention (G-CAPP). The program that was specifically looked at was Gainesville Campaign Community. G-CAPP was started in 1995. G-CAPP's work is based on the belief that all children are entitled to a safe and healthy adolescence characterized by hope, respect, and the opportunity for a productive future free of early pregnancy and parenthood (G-CAPP, 2005). G-CAPP's mission is to eliminate adolescent pregnancy in Georgia by developing, establishing and supporting ideas and program innovations that build local and statewide capacity to promote the healthy development of our most vulnerable adolescents.

G-CAPP consists of three community based programs; The Doula Project, Second Chance Homes, and Campaign Communities. The Doula Project is a program where women from the community provide teen mothers and their babies emotional and physical support during and after pregnancy. Second Chance Homes are homes designated for teen mothers to provide them with support and supervision (Spotlight on Georgia Campaign for Adolescent Pregnancy Prevention, 2005). Campaign Communities are located in Atlanta/Thomasville Heights and Gainesville and were put in place due to high teen pregnancy rates (G-CAPP, 2005).

The Gainesville Campaign Community was started in 1998. The Gainesville location was selected because there is a high teen birth rate among Latina girls aged 13-19. The core elements that G-CAPP focuses on to approach pregnancy prevention come from the Adolescent Pregnancy Prevention Coalition of North Carolina (G-CAPP, 2005).

According to Adolescent Pregnancy Prevention Coalition of North Carolina (2005), “youth are more likely to resist risk behavior when they are empowered with certain assets”. Those assets include: strong family relationships and guidance, a positive sense of future, education and strong basic skills, exposure to the world of work and future job opportunities, opportunities for success, goal setting and life planning, a supportive climate that makes adolescent pregnancy prevention a priority, and access to comprehensive adolescent health services.

The Gainesville Campaign Community approach to work with youth includes the core elements, education, advocacy, technical assistance, and engaging residents in leadership. There are several programs within the Gainesville Campaign Community; Plain Talk, Teen Moms Support Group, Tonauac Program, How to Talk with Your Kids About Sex and Sexuality, and Youth Leadership Program (YLP). Plain Talk “is a neighborhood-based initiative aimed at helping adults, parents, and community leaders to develop the skills and tools they need to communicate effectively with young people about reducing adolescent sexual risk taking” (The 10th Annual G-CAPP Conference, 2005). Teen Moms Support Group is “a relationship-based parenting curriculum that is based on the concept that before young parents can help their children, they must first

discover who they are” (G-CAPP, 2005). Tonauac Program is for males and females and is modeled from the National Latino Fatherhood and Family Institute. How to Talk to Your Kids About Sex and Sexuality is a program where G-CAPP staff conduct presentations on topics that are related to adolescent health (G-CAPP).

Description of the Program

This study evaluated the Youth Leadership Program, which enrolls youth between the ages of 13 and 19; both females and males participate in the program. The Youth Leadership Program (YLP) is fairly new; it was started in May 2005 (C. Darbisi). All of the participants in this program are Hispanic and there is a summer session as well as a year round session. The YLP is open to all adolescent Gainesville residents. The summer session lasts for eight weeks where adolescents meet every week. Adolescents in the ongoing session meet every other week and participation is ongoing, unless the youth no longer wants to participate. Sessions usually last from one hour and half to two hours.

Each session goes by a specific agenda. During the fall, leadership and community projects are discussed. In the spring sexual health information is discussed. The sessions are taught from a student guide booklet (C. Darbisi). Different exercises and topics are discussed during the sessions. Such topics and exercises include: participants designing flyers to recruit others to join YLP, participants discussing current event articles, discussing why teens

have sex and reasons to abstain from sex (C. Darbasi).

The YLP objectives are to: increase youth involvement in community service learning activities, advocate for issues in their community, enhance their leadership skills, and increase their knowledge of sexual health and gender issues (G-CAPP, 2005). The YLP partnered with South Hall Middle School, the Evenstar Centers, the Phoenix Academy, Gainesville High School, the Melrose Apartments, Gainesville College and the Boys and Girls Clubs to recruit and select candidates (G-CAPP). The YLP consists of a junior YLP for 7th and 8th graders and a senior YLP for 9th to 12th graders. The current session only consist of senior YLP's. The youth in this session were evaluated to measure the effectiveness of a newly implanted program for Hispanics.

Georgia Campaign for Adolescent Pregnancy Prevention receives funding from donations. Funding for G-CAPP comes from the support of the community, donations from individuals, corporations, and foundations. Funding is used to demonstrate that adolescent pregnancy rates can be reduced through a sustained community-wide effort, develop new ideas, and to put in place interventions that support the healthy development of adolescents, families, and communities (Spotlight on Georgia Campaign for Adolescent Pregnancy Prevention, 2005). Individual donations can be donated online, by check, or through stocks. In 2003 G-CAPP received a grant for \$200,000 from the W.K. Kellogg Foundation; funds will be given until June 2006. Georgia Campaign for

Adolescent Pregnancy Prevention also receives funds from the Annie E. Casey Foundation. The State of Georgia receives \$2.4 million to fund residential programs such as G-CAPP's Second Chance Homes (Spotlight On Georgia Campaign for Adolescent Pregnancy Prevention, 2005). In April 2005, G-CAPP was given \$115,000 from the WXAI 11 Alive Community Service Award Dinner (G-CAPP, 2005).

The founder and chair of G-CAPP is Jane Fonda. There are sixteen staff members employed with G-CAPP, where the executive director is Michele Ozumba. The Gainesville staff include: Carlolina Darbisi who is the campaign community coordinator and has an educational background in Science and Technology Management and Education, Olga Chavez, program associate, and Jill Swift, program associate

Background of the Problem

Teenage pregnancy is not a problem which recently occurred. Although pregnancy rates have declined in recent years, teenage pregnancy has been a problem in the United States for many decades. During the 1950s and the 1960s, teen pregnancy rates were at an all time high (Committee on Adolescence, 1999). It was not until a variety of contraceptives were developed and abortions became legal that teenage pregnancy rates declined.

Pregnancy rates continued to decrease until 1986. From 1986 until 1991 pregnancy rates started to increase (Committee on Adolescence, 1999). From 1991 until

2002 birth rates among Latina girls decreased by twenty percent however; in the state of Georgia the birth rate increased more than sixty percent (G-CAPP, 2005). Although teenage pregnancy rates have declined since 1991, teenage pregnancy is still a problem in the United States. Compared to other developed countries, the United States still has a very high rate of teenage pregnancy (March of Dimes, 2004). "The United States of America has doubled the adolescent pregnancy and birth rates of any other industrialized country" (Brown, 2002).

Statement of the Problem

Even though teenage pregnancy rates have declined, teenage pregnancy is still a problem. In 2003, there was an estimated 41,671,788 adolescents in the U.S. (National Campaign analysis of State, 2003). In 2002 almost one million adolescent girls became pregnant (March of Dimes, 2004). In Georgia alone, 16,258 female adolescents gave birth out of 425,493 females in the United States (U.S. Department of Health and Human Service, 2004). "Nationally, there were 83.4 births per 1,000 Latina girls aged 15-19 in 2002, but in Georgia there were 152.4 births per 1,000-almost twice the national rate" (G-CAPP, 2005). Studies show that one in three teenagers, before the age of twenty become pregnant (March of Dimes, 2004). In Georgia, Hispanic teenage birth rates are four times higher than Caucasians and two times higher than African-American teenage birth rates. Another factor that needs to be taken into consideration with teen pregnancy is teen's sexual behaviors. It is a fact that teenage pregnancy rates have dropped however, teens

are still participating in risky sexual activities. Risky sexual activities include having unprotected sex or having multiple sex partners which can lead to unwanted pregnancies or STD's. Seventy-three percent of boys and 56% of girls have engaged in sexual intercourse before reaching the age of 18 (Committee on Adolescence, 1999).

Although pregnancy prevention is the focus of this study, sexual behavior in adolescents is equally important because if teens are having sex they should be knowledgeable about preventing pregnancy as well as contracting sexually transmitted diseases (STD). Adolescents are also increasing the number of sexual partners they have. According to the American Academy of Pediatrics, 19% of sexually active teenagers had four or more sexual partners. Many teenagers use forms of birth control but 50% of teenage pregnancies occur within six months after their first sexual encounter (Committee on Adolescence, 1999).

Teen pregnancy can cause biological, psychological, sociological, and spiritual problems for adolescents. Studies show that many biological problems have been associated with teen pregnancy (Hills, Anda, Dube, and Felititi, 2004). There is an increase in fetal death rates among teen mothers. Teen mothers also have a higher rate of low birth weight or premature babies and poorer cognitive development (Hills, Anda, Dube, and Felititi, 2004).

Hollander (1995) observed studies that were done in Utah and California regarding biological effects on teenage mothers. The research that was conducted in Utah surveyed mothers from age 13-24 from 1970-1990. They found that teenagers had

a higher rate of poor outcomes, “they were most likely to have had a low-birth-weight baby (7%), a premature delivery (10%) or an undersized infant (14%)” (Hollander, 1995). According to Hollander, teen mothers have a higher chance of infection, an increased chance for premature delivery, and teen mothers that are still growing may have to compete for nutrients with the fetus. The California study observed the prevalence of congenital malformations from females 15-45 years of age. This study showed that infants born with chromosomal abnormalities were more common among teenage mothers than women between the age of 25 and 29 (Hollander, 1995).

Kapinus and Gorman observed perceived negative consequences of pregnancy, parent-child characteristics: resident parents, parent-child characteristics: nonresident father, and adolescent characteristics. They found that there is a stronger link between girls bonds with conventional people and the perceptions of teen pregnancy. This study showed that “closeness with parents has a stronger relationship to beliefs about pregnancy consequences among boys than it does among girls” (Kapinuns and Gorman). Lastly, Kapinuns and Gorman found that there is no difference between girls’ closeness to their mothers and boys’ closeness to their fathers. In conclusion, Kapinuns and Gorman proved that there is a strong link between teens perception of the consequences of teen pregnancy and teens perceptions of their parents beliefs regarding education, birth control, and teen sexual activity.

Teen pregnancy does not only have sociological effects on teen mothers but there is also an effect on teen fathers. According to Bunting and McAuley (2004), teenage

fathers tend to live in poverty and have low educational achievement. Bunting and McAuley reviewed the Pittsburgh Youth Study and found that poor school progress, drop out rates, and living in a bad neighborhood all were associated with teen fathers. Many teen fathers are not financially stable which causes difficulty in providing for their children (Bunting and McAuley, 2004). There is also an association between teenage fathers and delinquency. The Pittsburgh Youth Study found that teenage fathers from the same neighborhood, age, and race “were significantly more likely to engage in acts of delinquency, such as drug dealing and burglary, in the year of fatherhood and the year after” (Bunting and McAuley).

Significance of the Study

There are consequences which accompany teenage pregnancy. According to the March of Dimes (2004), more than 15% of teenagers have a second child within three years of their first child. Teenage mothers also have a higher chance of not completing high school. In 1997, less than half of teenagers who became pregnant graduated from high school (March of Dimes, 2004). “Almost half of all teen mothers end up on welfare” and “the poorer the young woman, the more likely she will become a teenage mother” (Brown, 2002). This study is important because it determines whether prevention programs are instrumental in resolving the problems related to teen pregnancy, especially in the Hispanic community.

CHAPTER TWO

REVIEW OF THE LITERATURE

This study observed literature that discussed methods for evaluating prevention programs, components of effective programs, adolescent's perception of prevention programs and other pregnancy prevention programs. The overall literature focused on evaluating the effectiveness of pregnancy prevention programs. This literature is relevant to G-CAPP's YLP because many of the articles discuss the same components as those in this program and the literature also address males that attended pregnancy prevention programs.

Devices Used for Measuring Effectiveness

It has been proven that pregnancy prevention programs are effective but "few interventions have undergone rigorous evaluation" (Sommers, Johnson, and Sawlisoky, 2002). For example the Teen Attitude Pregnancy Scale (TAPS) is an instrument that was developed to measure the effectiveness of teenage pregnancy prevention programs, in particular Baby Think It Over (BTIO). Baby Think It Over is used internationally and has been used by over one million students (Sommers, Johnson, and Sawilosky, 2002). This program consists of electronic babies that behave as human babies by crying; teens have to take care of the babies as if they are real. The Teen Attitude Pregnancy Scale "is

based on earlier research of adolescents and teachers perceptions of the BTIO program” (Sommers, Johnson, and Sawilosky, 2002).

TAPS consisted of four subscales; future orientation, personal intentions, realism, and sexual self-efficacy. Each subscale consisted of four questions. The scale was scored on a five point Likert scale with one being strongly agree and five being strongly disagree (Sommers, Johnson, and Sawilosky). Two-hundred thirteen adolescents from a Midwest high school participated in the study. There was a control group “who did not receive the intervention that was used to establish test-retest reliability on a three month period” (Sommers, Johnson, and Sawilosky). The results from this study indicated that “psychometric data obtained through pilot and field-testing indicated that the instrument has strong evidence of internal consistency for the participants in the study” (Sommers, Johnson, and Sawilosky).

Adolescent Family Life Act

White and White (1991) observed the Adolescent Family Life Act pregnancy prevention programs. The Adolescent Family Life Act (AFLA) also known as Title XX is a federal program aimed at teenage pregnancy and sexuality. AFLA’s main goal is to prevent or postpone sexual activity among teenagers (White and White, 1991). AFLA states that sexual activity is the major problem among teens and problems such as teen pregnancy, abortion, and lack of contraceptive use are all avoidable if sexual intercourse is postponed (White and White, 1991).

“Adolescent Family Life Prevention Curricula have been developed through funding from AFLA grants” (White and White, 1991). The Adolescent Family Life Prevention Curricula indicates that programs that work with children before the age of twelve will have a greater chance of reaching teens before they become sexually active. Also “programs that intervene with only the teens or only the parents may be unable to generate sufficient impetus to change parent-adolescent communication patterns” (White and White, 1991). Interventions should have discussions about teen’s feelings towards dating, sexual intercourse and attitudes as well as feelings of power. The age ranges for Adolescent Family Life Prevention programs start as early as kindergartner and go up until high school. Many of the programs focus on working with preteens because they may be more effective in delaying sexual intercourse (White and White, 1991).

Depending on the program, the target population may be different, some focus only on adolescents, adolescents and their parents or even the parents. The content of such programs may also differ. The areas of concern include: “values in general, values concerning sexuality, improving family interaction, strengthening the individual, physical development, human sexuality, consequences of early sexuality, child development, dating and peer relationships, and miscellaneous topics” (White and White, 1991). The designs for this study mostly used a control and experimental group and participants completed pre and post tests. The results showed that there was an increase in individual’s strength, perception family behaviors changed, and knowledge about

sexuality. There was a decrease in teen's values regarding sexuality and in sexual activity.

Components of Effective Prevention Programs

Frost and Forrest (1997) conducted an evaluation on five teenage pregnancy prevention programs. They found that all five programs "incorporate an emphasis on abstinence or delay of sexual initiation, training in decision-making and negotiation skills, and education on sexuality and contraception" The five programs that were selected for the study are Postponing Sexual Involvement, Reducing the Risk, School Community Program, Self Center, and Teen Talk. These programs all are aimed at preventing first time pregnancy. None of the programs that were selected were clinic based or school-based clinics. The programs that were evaluated entailed a curriculum that addressed life skill, sexuality education, and contraceptive education. Life skills activities are activities that "help students build decision-making skills, set goals for their lives, learn how to say no to sex and to negotiate within relationships. These activities often include role playing exercises in which students act out various situations they might encounter" (Frost and Forrest, 1997). Sexual education curricula entail the growth and development of the body, sexuality related issues, and healthy sexual attitudes and values. Contraceptive education curricula discuss methods of birth control and the effectiveness of each in reducing pregnancy and STD's (Frost and Forrest, 1997).

Most of the programs were implemented in low-income areas and the majority of the participants were black (Frost and Forrest, 1997). The interventions in this study focused on teenagers in middle school and high school. The design for the programs that were evaluated was quasi-experimental or true experimental "in which the behavior of participating adolescents (the treatment group) was compared with the behavior of similar adolescents not exposed to the program (control group)" (Frost and Forrest, 1997). Delaying sexual initiation, contraception use, and reducing teen pregnancy were measured for this study.

For delaying sexual initiation, Frost and Forrest "compared the rate of increase among students who participated in a program with the rate among students with similar characteristics who did not". At the beginning of the intervention for Postponing Sexual Involvement 25% of the treatment group were sexually active and by the end of the intervention 43% were. The control group had an increase of 25% by the end of the intervention. Reducing the Risk, Self Center and Teen Talk scores were not statistically significant.

According to Frost and Forrest, there was an increase in contraceptive use among teens that participated in Postponing Sexual Involvement, Reducing the Risk and Self Center. "Reducing the Risk and controls (who received an alternative curriculum) in the percentages using contraceptives all or most of the time was 30 percentage points six months after the intervention and 11 points 18 months after the intervention" (Frost and Forrest, 1997). For Postponing Sexual Involvement there was a 17 percentage point

difference among participants and controls. Participants in the Teen Talk program were found to less likely use any contraceptive the last time they engaged in intercourse. For the Self Center program the participants and controls was around 22 for females and seven for males.

As far as reducing teenage pregnancy, none of the programs were able to show that the behavior changes contribute to reduced pregnancy rates with the exception of Self Center. The Self Center Treatment group "23% of sexually active teenage girls had experienced a pregnancy during the 20 months prior to program initiation. This percentage fell to 17% during the 20 months preceding the follow-up survey.

The National Association of State Boards of Education (NASBE) noted different components for effective pregnancy prevention programs. This study noted that "young women who become teen parents tend to have lower grade point averages, more school absences, more difficulties with schoolwork, and lower expectation for their futures before they become pregnant" (NASBE, 2000). Also, teens are less likely to participate in sexual activities if they can identify a trusted adult at school. Adolescents that are academically successful and have a connection at home, school, and with the community are more likely to abstain from engaging in risky sexual activities (NASBE, 2000). Not only is academic achievement important in reducing teen's engaging in risky sexual activities but participation in extra-curricular activities are also important. It is stated that the majority of teens that become pregnant engage in sexual activities on weekdays between the hours of 4:00 and 6:00 p.m. (NASBE, 2000).

In 1992 the youth development model was developed by Council of Chief State School Officers Pittman and Cahill. The following are considered to be vital for healthy human development: a sense of safety and structure; belonging; self-worth; control over one's life; closeness to others; mastery and competence; and self awareness (NASBE, 2000). The "youth development model suggests that youth-serving institutions should focus on building five competencies: physical health, personal social, cognitive/creative, vocational, and citizenship" (NASBE, 2000).

A blueprint for the education community's involvement in teen pregnancy prevention was designed to reduce teen parenthood and to improve academic achievements. The blueprint consist of "enhancing the academic success of all youth; enhancing the health literacy and the health status of all youth; enhancing the career skills and aspirations of all youth; and enhancing family, community, and other supports for the success of all youth" (NASBE, 2000). Enhancing the academic success of all youth states that "the education community can play a role in reducing early parenthood among youth by providing all students with the opportunity to reach high standards and by linking academic instruction to students' future goals and aspirations" (NASBE, 2000). Teens may be more likely to not engage in risky sexual activities if they can explain the relationship between academic subjects and their future.

Enhancing the health of literacy and the health status of all youth and reducing teen pregnancy can be associated with youth who receive health education in conjunction with a strong academic (NASBE, 2000). Teenagers that receive education on risky

sexual behaviors, decision making, communication skills, reproductive health information, and information on social pressures are more likely to delay sexual intercourse or if they become sexually active there is an increase chance of using protection.

In terms of enhancing the career skills and aspirations of all youth, adolescents are less likely to become parents if they have high aspirations for their future (NASBE, 2000). Schools and local agencies can work together to make a connection between future work opportunities and academic achievement. "School-to-work and internship programs can be used as a vehicle for engaging students in their academic courses, especially students who are not college bound" (NASBE, 2000). Teens that participate in community service learning programs will be less likely to engage in risky sexual activities or use drugs and alcohol.

If families and communities work together, teen pregnancy rates can be reduced while improving academic achievements. There are some barriers that may reduce the chances of the family becoming involved. Such barriers include "lack of effective outreach strategies on the part of school; perception by some parents they may not be welcomed at school; busy work schedules; uncertainty among parents about their role and the nature of their involvement; and uncertainty among parents about how best to reinforce the educational process of teens at home" (NASBE, 2000). Teachers also play a role in this process by learning about effect prevention techniques as well as child and

adolescent development (NASBE, 2000). If this can all be done, teen pregnancy rates can be reduced and academic achievements can increase.

According to Franklin and Corcoran (2000) there are three objectives used in determining the effectiveness of pregnancy prevention programs. The first objective addresses changes in sexual attitudes and knowledge. This objective measures adolescent's knowledge about contraceptives and risky sexual behaviors. The second objective measures teenagers' skills. Skills include communicating effectively and decision making. The third objective measures teenagers' change in sexual behaviors which includes abstinence, reducing the amount of sexual intercourse, and the use of birth control.

Pregnancy prevention programs have a variety of settings such as school-based, school-linked, or community-based. School-based and school-linked programs are when the intervention takes place on the school's campus with the school taking responsibility for the program development and implementation. Community-based programs are when the interventions take place at a community agency or group. "The community groups run these programs and are the primary agents of these programs or have the responsibility for the programs' development and implementation in a community setting"(Franklin and Corcoran, 2000). Pregnancy prevention programs can take place in either a clinical setting or a non-clinical setting. The programs main focus can be sexual education, abstinence-based, or knowledge about contraceptives. Sexual education programs entail information on "skills-building and values clarification; the provision of

information; peer education efforts to enable teens to educate other teenagers; youth expression theater projects; computer-assisted instruction for parents and adolescents; and day-long conferences". Programs that are based on social learning theories focus on decreasing risky sexual behaviors that may lead to HIV infection or other STD's.

Problem skills and role playing are used to demonstrate the importance of not engaging in risky sexual activities. All sex education programs do not include information on contraceptive use (Franklin and Corcoran, 2000). Many programs that provide information on contraceptive use and distribution are at family planning clinics, community-based clinics, and some school-based clinics.

Franklin and Corcoran also discussed life option pregnancy prevention programs. Proponents of this type of program believe that teens that have a "higher achievement orientations, grades, aspirations, and economic opportunities are more likely to delay early sexual intercourse and childbearing" (Franklin and Corcoran, 2000). These programs target both males and females in middle school or high school.

Clinical setting programs have been found to be more effective than other types of pregnancy prevention programs. Community-based clinics are more effective than school-based clinics but school-based clinics are more effective than other sex education programs (Franklin and Corcoran, 2000). Pregnancy prevention programs should not only include contraceptive distribution but it is also important that programs have comprehensive sex education and skills training so that younger, non-sexual active youths may be more easily influenced by life options, delaying sexual intercourse and other abstinence approaches" (Franklin and Corcoran, 2000). These methods are not as

effective with teens that are already sexually active. Lastly, Franklin and Corcoran (2000) found that sex education curricula based on social learning theory and skills training are more effective than other types of curricula, and should be used as intervention programs.

Teens Perspective on Prevention Programs

Corcoran, Franklin, and Bell (1997) noted the effectiveness of pregnancy prevention programs from a teen's perspective. "Focus groups were conducted during the summer of 1995 by two trained facilitators at each of 18 program sites" (Corcoran, Franklin, and Bell, 1997). During the focus groups participants were given an interview that consisted of 44 questions that asked information about teen's perceptions of services and pregnancy prevention methods. The programs for this study were primary and secondary intervention programs. Primary programs are programs aimed at teens that have never been pregnant and secondary programs are aimed at teens that are pregnant or parenting (Corcoran, Franklin, and Bell, 1997). The types of programs for this study were community-based and school-based. The type of intervention was "sex education with no contraception or sex education with contraceptive knowledge-building and distribution" (Corcoran, Franklin, and Bell). One hundred and five teens participated in the study with majority of participants being females. Most of the participants had never been pregnant (59%), the majority of the participants were between the age of 16 and 18

(67%), and the majority of the participants were Hispanic (40%) (Corcoran, Franklin, and Bell, 1997). Focus groups lasted approximately two hours and the group size had up to eleven members.

There were several different questions that were asked to determine teen's perception of pregnancy prevention programs. The first question was "what gets in the way of using birth control?" the most common response was "lack of spontaneity involved with many methods" (Corcoran, Franklin, and Bell, 1997). Other common responses were embarrassment about purchasing contraceptives and fear that their parents would find out. Another question that was asked was "reasons teens want to have babies". The most common answer was a need to feel loved and next most common answer was most teens do not want babies and pregnancies are accidental (Corcoran, Franklin, and Bell). Another question that was asked was "how teens could avoid getting pregnant". The most common answers were more information about contraceptives was needed and there should be more sex education classes offered in the school. There was also a question asked regarding what advice teens would give other teens. Most teens agreed on informing other teens about the use of contraceptives and remaining abstinent as important information to tell others (Corcoran, Franklin, and Bell). Some questions were only asked for pregnant or parenting teens. The majority of the pregnant or parenting teens stated they had not planned their pregnancies. "What would prevent you from getting pregnant again?" was also asked. The most common response was using birth control while abstaining from sex was the next most common answer (Corcoran,

Franklin, and Bell). Teens were also asked “now that you have a baby, is it what you expected?” most stated that having a baby was different than what was expected.

Another important question that was asked was “some teens feel pressure to have sex. What could be done to help them resist that kind of pressure?” The majority of teens answered that teens could avoid pressured situations or just saying no (Corcoran, Franklin, and Bell, 1997).

Corcoran, Franklin, and Bell concluded that teens need more information about contraceptive use which can be implemented in sex education classes and school clinics. “A recent meta-analysis found that contraceptive knowledge-building and distribution programs tend to be more effective than programs with the goal of preventing/decreasing sexuality among teens”. Also “contraceptive use was more easily impacted than sexual activity levels and abstinence-based programs, however, have demonstrated little or no effect on sexual behavior”.

Corcoran also conducted a study that looked at how “aspects of family functioning are affected using Bronfenbrenner’s ecological perspective.” The ecological perspective consist of four systems; microsystem which focuses on the individual, mesosystem are social systems the individual interacts with such as, the family and school, exosystem is the social environment that influences the individual, and macrolevel is the broader social environment. At the microlevel the factor of early pregnancy status was observed, at the mesolevel the family structure was observed, and at the macrolevel race and socioeconomic status was observed. One hundred five teens

participated in the study. Participants provided information on parental income, racial affiliation, and family structure. The McMaster Family Assessment Device (FAD) was used to evaluate family functioning. "FAD measures overall health/pathology in a general score in addition to the following six areas of family functioning: problem-solving, communication, roles, affective responsiveness, affective involvement, and behavior control" (Corcoran, 2001).

As it relates to income and pregnancy status, "pregnancy status was found to be significant for problem-solving, communication, roles, affective involvement, and behavior" (Corcoran, 2001). For pregnancy status and living arrangement pregnant/parenting teens had higher scores on behavior control, problem-solving, communication, roles, affective involvement, and general functioning in comparison to non-pregnant teens. Corcoran also found that living arrangements were significant for problem-solving. Teens that had the unhealthiest scores were those that did not live with their parents. This study also found that teens that came from families with a low income had the most communication problems with their family members. From the results that were found, recommendations were made for improvement. Recommendations include "availability of family support and therapeutic interventions before children reach the stage of adolescence so that families are able to provide healthy environments for developing children" (Corcoran, 2001).

Pregnancy Prevention Programs Aimed at Males

Brindis, Boggess, Katsuranis, Mantell, McCarter, and Wolfe evaluated the effects pregnancy prevention programs had on male adolescents. Participants of this study came from the California Office of Family Planning's Expanded Teen Counseling Program (ETCP) family planning clinics which was designed to "reduce the incidence of teenage pregnancy by helping sexually active adolescents become more effective and consistent contraceptive users, and by promoting responsible contraceptive decision-making" (Brindis, Boggess, Katsuranis, Mantell, McCarter, and Wolfe, 1998). There were 1,540 sexually active males that were 19 and younger that participated in the study. The majority of the participants were Hispanic. Participants completed a questionnaire that was broken down into three categories, demographic information, sexual behavior, and psychosocial problems.

Eighty-six percent of the participants who completed the questionnaire were sexually active. Almost half of the participants were sexually active before the age of 14 (Brindis, Boggess, Katsuranis, Mantell, McCarter, and Wolfe, 1998). Seventy-three participants used a contraceptive method the first time they had sexual intercourse and 12% had never used contraceptives. Forty-two percent of the participants reported that they always use a condom when having sex (Brindis, Boggess, Katsuranis, Mantell, McCarter, and Wolfe, 1998). Only 18% of the males had been tested for HIV while 31% indicated that they are either high or drunk during sex.

In conclusion Brindis, Boggess, Katsuranis, Mantell, McCarter, and Wolfe recommend "to adequately serve young male clients, clinics must take into account their

sexual and contraceptive histories, as well as their psychosocial needs and their motivation to delay childbearing” (1998). Family planning techniques should discuss how to communicate effectively with partners, decision making skills, counseling and role playing should be used when working with males. Another factor to be considered is to have more male service providers since the majorities are females. This will enable young men to feel comfortable in attending such programs (Brindis, Boggess, Katsuranis, Mantell, McCarter, and Wolfe, 1998).

Smith, Weinman, Buzi, and Benton also did an evaluation of a pregnancy prevention program aimed at males. The purpose of this study “was to examine the impact of a multifaceted school-based pregnancy prevention program targeting inner city male adolescents aged 13-17 years” (Smith, Weinman, Buzi, and Benton, 2004). The program evaluated for this study is a five year school-based pregnancy prevention program. The main objective is to develop personal and social competency and reinforce messages of pregnancy prevention (Smith, Weinman, Buzi, and Benton). The program addressed personal and social competency, family involvement, and community involvement.

“Personal and social competency were developed through individual counseling, case management services, life skills training, support groups, and mentoring” (Smith, Weinman, Buzi, and Benton, 2004). For family involvement staff members provided family members with information on their son’s progress in the program and invited family members to participate in school programs. As far as the community involvement

teens participated in activities relevant to their culture such as the Hispanic Health Fair and Black History Month. This study was conducted in the Southwest part of the U.S.; this location was chosen because of high rates of pregnancy, STD's, and school drop out. The students that participated in the study were selected by guidance counselors and teachers because they performed poorly in school or had disciplinary problems (Smith, Weinman, Buzi, and Benton, 2004).

There was a slight improvement in school performance for those who re-enrolled in the program. There was also an increase in condom use among participants and no new pregnancies were reported. However, there was an increase in risk-taking behaviors such as alcohol use. "The results of this study indicate that adolescents initiate risky behaviors at a young age. Thus, a school setting provides an effective forum to intervene with this age group" (Smith, Weinman, Buzi, and Benton, 2004).

Limitations of the Literature

There could have been more literature focused on measuring devices used to evaluate teen pregnancy prevention programs. The only study that was discussed was relevant to the Baby Think It Over Program. There should have also been literature that discussed other measuring devices used for other prevention programs. Many of the studies are almost a decade old. Since a lot of the literature that was reviewed is from the mid and late nineties, changes that are discussed in this study could have already been implemented. Although some of the studies were conducted a decade ago, some of the

findings are still relevant in implementing pregnancy prevention programs. Comparing previous literature with more recent literature some of the components of a “good” program still is applicable. It was also beneficial discussing programs that are aimed at working with males. This was beneficial because the literature discussed different techniques that should be used when trying to work with adolescent males.

Purposed Study

The literature that was reviewed for this study discussed components of effective prevention programs and what should be implemented for future programs. The study that was conducted measured the effectiveness of Georgia Campaign for Adolescent Pregnancy Prevention Youth Leadership Program. Effectiveness was based on participant’s response to the questionnaire that was given. This study measured teen’s involvement with the community, advocating for issues in the community, leadership skills, and knowledge of sexual health and gender issues.

Definition of Variables

The variables that were measured for this study are: increase in community service activities, advocating for issues in youth community, enhanced leadership skills, and increased knowledge in sexual health and gender issues. Community service activities are defined by youth getting involved in the community through volunteering efforts. Advocating is defined by participants standing up for issues they believe in

within their community. Leadership skills are defined as youth participating in leadership roles. Knowledge in sexual health and gender issues are defined as what youth know about contraception, STD's, risky sexual activities, and virgin or non-virgin.

CHAPTER THREE

CONCEPTUAL/ THEORETICAL FRAMEWORK

According to the Ecological Perspective or Urie Bronfenbrenner, each person is significantly affected by interactions among a number of overlapping ecosystems (Psychological Portal, 2000). The ecological perspective consist of four systems; the microsystem, mesosystem, exosystem, and macrosystem. The microsystem is defined as the roles and characteristics of an individual. The mesosystem consist of the family, school, neighborhood, and any other social system. The exosystem is the social environment that influences the individual and the macrosystem is a broader social environment which includes socioeconomic status (Corcoran, 2001). This perspective explains “individual knowledge, development, and competencies in terms of the guidance, support, and structure provided by society and to explain social change over time in terms of the cumulative effect of individual choices” (Psychological Portal, 2000). This perspective states that individuals are influenced by internal factors as well as external factors.

This perspective is relevant to this study because teenagers are affected by internal and external factors which may lead to teen pregnancy. At the microlevel a teenagers’ self-concept can influence a decision to engage in risky sexual activities which may lead to unwanted pregnancies. According to Brown (2002) girls that have low self-esteem or suffer from depression may engage in sex to make themselves feel better. At

the mesosystem peer pressure can cause teens to engage in unprotected sex which may cause pregnancy. Also at the mesosystem a teen's family can influence pregnancy. Corcoran (2001) stated that healthy family functioning is a protective factor against teen pregnancy. Teens may feel unloved by their family members which may influence their decision to become pregnant. According to Corcoran "at the macrolevel, low socioeconomic status is related to teenage pregnancy and parenting" (Corcoran, 2001). Race has also been associated with teen pregnancy. Research shows that Hispanics and African Americans have higher teenage birth rates than Caucasians. This may occur because many Hispanics and African Americans come from low socioeconomic backgrounds.

There are many variables that can influence teen pregnancy. According to the literature they are academic achievement, involvement in community service, sexual attitudes and knowledge, and decision making. This study looks at an intervention program that is designed to help reduce teen pregnancy rates by increasing youth academic achievement, participation in community service activities, sexual knowledge and decision making skills. The independent variable is the Georgia Campaign for Adolescent Pregnancy Prevention's Youth Leadership Program. This program is designed to increase participation in community service activities, advocacy for issues in the community, enhance leadership skills and increase knowledge in sexual health issues by providing youth with information. The dependent variables are to increase youth involvement in community service learning activities, increase their advocacy for issues

in their community, enhance their leadership skills, and to increase their knowledge of sexual health and gender issues.

Hypothesis

H1: Participants in the Youth Leadership Program will increase their involvement in community service learning activities.

H2: Participants in the Youth Leadership Program will advocate for issues in their community.

H3: Participants in the Youth Leadership Program will enhance their leadership skills.

H4: Participants in the Youth Leadership Program will increase their knowledge of sexual health and gender issues.

CHAPTER FOUR

METHODOLOGY

Design of the Study

This study is a non-experimental, exploratory design. The design is a one-shot case study where the design notation is "X, O". The "X" represents the intervention, Georgia Campaign for Adolescent Pregnancy Prevention's Youth Leadership Program. The "O" represents the measurement of the intervention, the responses of the completed questionnaires.

Since there was no control group, no comparison could be made between those that participated in the program and those that did not. This poses a threat to internal validity. Another threat to internal validity is testing. Testing is a threat because the teens in the Youth Leadership Program already completed the same questionnaire at the beginning of the session. This may have had an effect on the low response rate. Teens may have been bored with having to fill out the same questionnaire so they chose not to participate in the study. To control for testing as a threat, the evaluator offered participants an incentive for completing the questionnaire. Another way these threats were controlled for was ensuring participant's confidentiality; this was stated in the informed consent form.

Description of the Setting

Georgia Campaign for Adolescent Pregnancy Prevention's Youth Leadership Program (YLP) is located in the Gainesville Campaign Community. This program is located at 526 Pearl Nix Parkway Suite 204, Gainesville, GA 30501. The Youth Leadership Program serves youth between the ages of 13-19 that live in the Gainesville community. The purpose of the Youth Leadership Program is to provide youth with the opportunity to; increase their involvement in community service learning activities, advocate for issues in their community, enhance their leadership skills, and increase their knowledge of sexual health and gender issues.

Sampling Procedures

The sample consisted of 14 youth currently enrolled in the Georgia Campaign for Adolescent Pregnancy Prevention's Youth Leadership Program at the Gainesville location. Both males and females were enrolled in the program. All participants were Hispanic. Since the Youth Leadership Program recently was started in May 2005, six months prior to this study, there were only 14 youth enrolled in the program.

Human Subjects/Consent

The evaluator submitted the necessary paperwork to conduct this study to the Institutional Review Board at Clark Atlanta University. After the paperwork was reviewed, The evaluator was granted permission to conduct this study.

Description of the Instruments

This study tempted to evaluate the effectiveness of G-CAPP's YLP at the Gainesville location. The questionnaire that was given to the participants measured the following: involvement in community service learning activities, advocating for issues in the community, leadership skills and sexual health and gender issues. The questionnaire has 34 items.

Objective: Involvement in community service learning activities

Questions:

- "have you served your community through volunteering or service-learning if yes how many times"
- "please list the events or activities"
- "please list ways in which you can serve in your community"

Objective: Advocating in the community

Questions:

- "do you know what advocacy means if yes please define"
- "have you participated in activities that involved advocating for an issue you care about if yes how many"
- "please list any activities that involved advocacy"
- "list some ways you can advocate for issues you are concerned about in your community"

Objective: Leadership skills

Questions:

- “were you able to take on a leadership role in any activities or events this year”
- “if yes, please list the activity or event and what you did as a leader”
- “have you participated in leadership skills training if so what type”
- “list some ways in which you can act as leader and skills that leaders have”.

Objective: Sexual health and gender issues

Questions:

- “have you received or are you receiving any education about sex if yes where”
- “have you ever talked to either one of your parents about sex if yes which one”
- “who do you go to if you have questions about sex”
- “do you feel that you are pressured into engaging in sexual activity if yes who is pressuring you”
- “what type of sexual activity have you experimented with”
- “have you had sexual intercourse”
- “how often do you use some form of protection against pregnancy when you have had intercourse if yes, what do you use”

- “have you or your sexual partners ever used anything to protect against sexually transmitted diseases, AIDS, HIV if yes, how often do use something to protect against sexually transmitted diseases, AIDS, HIV”
- “what do you use”
- “have you or your partner ever been to a doctor or any kind of clinic to get birth control”
- “have you ever been pregnant”
- “have you gotten someone pregnant”.

The questionnaire that was used was constructed by G-CAPP's YLP. The questionnaire is the same questionnaire used for the pre and post-test. For this study the questionnaire was administered as an interim test to evaluate participants' knowledge since being in the program. The pre-test was giving at the beginning of the session and the post-test will be given at the end of the program. The evaluator only looked at the interim test to determine the effectiveness of the program. The evaluator was not granted permission to use the pre-test for this study.

Data Collection Procedures

The evaluator was given permission from Carolina Darbisi, the Campaign Community Coordinator at the Gainesville location, to conduct the study. The original data collection process had to be altered. The evaluator initially was going to hand delivery the questionnaire and consent form at the first session. At the second session,

the evaluator was going to pick-up the questionnaires and consent forms from those who chose to participate in the study. Due to bad weather the first session was cancelled. The last YLP session of the year was also cancelled because not enough participants were going to attend. To remedy this situation, the author replaced the face-to-face methodology with direct mail through the U.S. Post Office

The evaluator was given the mailing addresses of the participants of the YLP. The 14 participants were sent a questionnaire and an informed consent form in the mail. Paid-postage was provided with the questionnaires. The 34 item questionnaire used for this study was an interim questionnaire. This is the same questionnaire that was administered as the pre-test and will be administered as the post test. The informed consent forms asked for the teen's permission to participate in the study. Those under the age of 18 also had to have their parents' permission to participate in the study. Participants were offered gift cards for participating in the study; the first to send the questionnaire back was also offered a bonus gift. The data collection process for the study took approximately two weeks to collect.

A limitation to collecting the data via mail was the low response rate. It may have helped if the evaluator included the amount of the gift card and where it was redeemable. Only three participants completed the questionnaire and consent form. One was a male that was 18 and the other two were females under the age of 18. After the questionnaires and consent forms were received, the evaluator mailed a ten dollar gift card from

McDonalds to the first participant and the other two participants received a five dollar gift card from McDonalds.

Statistical Analysis

The hypothesis for this study is that adolescent's that participate in Georgia Campaign for Adolescent Pregnancy Prevention Youth Leadership Program will increase their involvement in community service learning activities, increase their advocacy for issues in their community, enhance their leadership skills, and increase their knowledge of sexual health and gender issues. Plans for analysis of the data were to run a chi-square test. A chi-square was chosen since both the independent and dependent variables are nominal and the size of the sample. The test would have shown the relationship between participation in the Youth Leadership Program and youth's participation in community service activities, advocacy, leadership skills, and knowledge regarding sexual health and gender issues.

CHAPTER FIVE

PRESENTATON OF FINDINGS

Of the 14 participants in the sample only three percent responded to the survey- one male, two females. The male was a 19 year old in the twelfth grade and had been in the program for six months. One female was a 14 year old in the ninth grade and had been in the program for one year. The other female was a 16 year old in the tenth grade and had been in the program for six months. All were Hispanic. Table 1 shows this information.

Table 1. Demographics Table N=3

Variables	Number	Percent
Gender:		
Male	1	33.3
Female	2	66.6
Age:		
19	1	33.3
16	1	33.3
14	1	33.3
Grade:		
12 th	1	33.3
10 th	1	33.3
9 th	1	33.3
Length of Time in Program:		
One year	1	33.3
Six months	2	66.6
Race:		
Hispanic	3	100

The first question that was asked on the questionnaire was

“Do you know what advocacy means?”

- “yes”
- “yes”
- “no”

“Define what advocacy means.”

- The male participant stated “Fight for something you believe in.”
- Female participant stated “I think advocacy means to take charge to defend for what you believe or what you think is right. ex lawyer or judge.”
- Female participant unanswered

“Have you participated in activities that involved advocating for an issue you care about?”

- Male participant “yes”
- Female participant unanswered
- Female participant unanswered

“If yes, how many?”

- “five or more.”

“Please list any activities that involved advocacy.”

- Male participant unanswered

- Female participant stated “a strike, a hero such as the police, putting out a fire like fireman do.”
- Female participant unanswered

“Were you able to take on a leadership role in any activities or events this year?”

- Male participant unanswered
- Female participant stated “yes”
- Female participant unanswered

“List the activities.”

- “I am in charge of this science learning project we are doing for the gateway house.

“Have you participated in leadership skills training?”

- “no”
- “no”
- “no”

The ninth question was left blank by all participants since it was a follow up question from number eight.

“Have you served your community through volunteering or service-learning?”

- “no”
- “yes”
- “yes”

“If yes, how many times?”

- “1-2”

- “1-2”

“Please list the events or activities.”

- Only one participant answered this question, “Helped raise money to create a play room for children ages 0-3 years at the Gateway House”.

“List some ways in which you can advocate for issues you are concerned about in your community.”

- Male participant unanswered
- Female participant stated “A job you may not think is right for you may want to take a stand for that or something”.
- Female participant stated “Safe sex, teen pregnancy, I could probably speak to other teens about these issues”.

“List some ways in which you can act as a leader and skills that leaders have.”

- The male participant unanswered.
- Female participant stated “you can take charge of any science learning project”
- Female participant stated “I could probably get the school counselor involved by setting up after school sessions. I could be one of the student speakers”.

“Please list ways in which you can serve in your community.”

- Male participant unanswered

- Female participant stated, "You can clean up a park near you. You can do a food drive".
- Female participant stated "I could probably go to school in my community and talk with students about the problems our community is dealing with.

The next set of questions was agree/disagree questions.

"I believe it is important to advocate for issues I am concerned about in my community, such as crime, the presence of drug dealers, the cleanliness of the neighborhood and the health of children and youth."

- "strongly agree"
- "strongly agree"
- unanswerd

"I feel that I am a good leader."

- "agree"
- "agree"
- "disagree"

"I believe it I important to serve my community."

- "agree"
- "strongly agree"
- "strongly agree"

"I believe I can be an effective advocate."

- "agree"

- “agree”
- “disagree”

“I have personal qualities of a leader.”

- “agree”
- “don’t know”
- unanswered

“I carefully consider what t.v., magazines and movies say about males and females and how they are supposed to look and act.”

- “don’t know”
- “disagree”
- “agree”.

“I know where to get information about sexual health if I need it.”

- “don’t know”
- “agree”
- “agree”

“I understand that there are consequences to having sex.”

- “agree”
- “agree”
- “strongly agree”

“I know what to do to prevent pregnancy and STD’s, AIDS, HIV.”

- “agree”
- “agree”

- “agree”

“I think it is best to abstain (not have sex) while I am a teenager.”

- The male participant “agree”
- Female participant “strongly agree”
- Female participant “disagree”

“Have you received or are you receiving any education about sex? If yes, where?”

- The male stated “yes, school”.
- Female participant stated from G-CAPP YLP”
- Female participant stated “at home by my mom”.

“Have you ever talked to either one of your parents about sex?”

- The male stated “no”
- Female participant “yes”
- Female participant “yes”

“Who or where do you go to if you have questions about sex?”

- The male participant stated “don’t ask”.
- Female participant stated “parents, friends, and internet”
- Female participant stated friends, local clinics, and the library”.

“Do you feel that you are pressured into engaging in sexual activity? If yes, who is pressuring you?”

- The male stated “no”
- Female participant stated “yes, by my boyfriend”

- Female participant stated “yes, by my boyfriend”

“What type of sexual activity have you experimented with?”

- The male stated “kissing, heavy petting, and oral sex”.
- Female participant stated “kissing and heavy petting”
- Female participant stated “kissing, heavy petting, and intercourse”.

“Have you had sexual intercourse? (done it, gone all the way). If yes, how old were you the first time?”

- Only one participant answered “yes” to this question, she was 15. Since the other two participants answered no, the rest of the questions were skipped for them.

“Do either of your parents know that you had intercourse?”

- “no”.

“Have you ever talked to either of your parents about using contraception? If yes, which one?”

- “no”.

“During the past month, have you had sex more than once? If so, how many times?”

- This participant had sex five times within the month.

“How often do you use some form of protection against pregnancy when you have had intercourse?”

- “most of the time.”

“If yes, what do you use?”

- The response was condoms and withdrawal or pull out.

“Have you or your sexual partners ever used anything to protect against sexually transmitted diseases, AIDS, HIV? If yes, how often do you use something to protect against sexually transmitted diseases, AIDS, HIV?”

- “Yes, most of the time”.

“If yes, what do you use?”

- Her response was condoms and withdrawal or pull out.

“Have you or your partner ever been to a doctor or any kind of clinic to get birth control? If so, where?”

- “no”.

“Have you ever been pregnant?”

- “no”

Are you pregnant now?

- “no”

Are you the mother of a child?”

- “no”.

CHAPTER SIX

DISCUSSION AND IMPLICATIONS OF FINDINGS

Limitations of the Study

There are many limitations to this study. One limitation is the small sample size. Only three teens participated in this study. Because the sample size is small these findings can not effectively measure the success of the Youth Leadership Program. There was also a limitation to collecting the data. Questionnaires had to be sent via mail due to bad weather and cancellation of meetings. Although paid postage was provided there was still a low response rate to this study. From the questionnaires that were received only one of the participants was sexually active. The evaluator did not include the amount the gift card was for nor did the evaluator include where the gift card was for. Another limitation to this study was the evaluator was not granted permission to evaluate the pre-test that was given to participants in the Youth Leadership Program. This disabled the evaluator to measure what information was learned in the beginning of the program to compare to what was learned at the time questionnaires were collected. This study also could have had a comparison group to measure the effectiveness of G-CAPP's Youth Leadership Program.

Implications for Social Work

Had the hypothesis been accepted or rejected, the author would have had to contribute to the existing knowledge base based on the findings. Since the sample size did not allow a definitive measure of the hypothesis, Dr. Foster, the thesis advisor allowed the author to correct for this by discussing implications for an accepted or rejected hypothesis (S.J. Foster).

If the hypothesis would have been accepted, implications for social work practice would be that social workers could implement pregnancy prevention programs to help reduce teenage pregnancy rates, increase youth involvement in community service activities, increase advocacy participation, enhance leadership skills and increase youth knowledge on sexual health and gender issues. From this study, social workers will know what components are essential for a successful program such as the type of setting and curricula content. As this relates to social work policy, more funding could be given to teen pregnancy prevention programs based on the success of the Youth Leadership Program. With more funding more programs could be implemented and more social service workers could be hired to help reduce teen pregnancy rates. With the success of the Youth Leadership Program policy makers could modify existing policies to not only help reduce teen pregnancy rates but also to increase youth's participation in community service activities, increase advocacy for issues, enhance leadership skills, and increase knowledge in sexual health and gender issues. For education and teaching pregnancy prevention programs could change the curricula in existing programs. Programs could

follow the same curricula as the Youth Leadership Program. Although sexual health is imperative for successful pregnancy prevention programs, curricula could focus more on community service activities, advocating, and leadership skills to help reduce teenage pregnancy. More research could be done to measure the effectiveness of programs similar to the Youth Leadership Program. Programs that are different should also be reevaluated to compare what different methods and techniques are used. Continued research would indicate that programs similar to the Youth Leadership Program are reliable for reducing teen pregnancy rates by involving youth in community service activities, advocating about issues in their community, providing leadership opportunity, and education about sexual health and gender issues.

If the hypothesis would have been rejected meaning there would be a decrease in community service activities, advocating for issues, leadership skills, and knowledge regarding sexual health and gender issues, social workers could utilize different techniques and tools to help reduce teen pregnancy rates. Social workers could try different methods to positively impact a youths' decision about engaging in sex. As it relates to policy, current policies could be modified to improve the conditions at pregnancy prevention programs. Programs may need to focus more on other strategies that could be utilized to help reduce this on-going problem. As it relates to education and teaching, the curricula content could be changed to better assist youth with reducing teen pregnancy rates. The Youth Leadership Program involves middle and high school students. Programs could target elementary children to help reduce teen pregnancy.

Curricula could focus more on other factors that lead to teenage pregnancy such as self-esteem, academic performance, and family structure. Programs could teach youth to be comfortable with their bodies to increase their self-esteem. Academic performance could improve by encouraging youth to study and ask for assistances if needed. Parents could get more involved in pregnancy prevention programs to help reduce teen pregnancy rates. More programs could be evaluated to determine what components make an effective pregnancy prevention programs. Research on other strategies could be beneficial in the reduction of teen pregnancy rates.

In conclusion, although this study could not measure the effectiveness of the Georgia Campaign for Adolescent Pregnancy Prevention Youth Leadership Program, information was provided on what components make up a successful program and what the curricula should entail. Information was also provided on ways to improve existing pregnancy prevention programs as it relates to social work practice, policy, education, and research. Because teen pregnancy is still a problem today, it is imperative that social workers implement pregnancy prevention programs. Social workers should evaluate existing programs to measure the progress of the program or lack there of. In the future, with the help of social work intervention perhaps teen pregnancy rates can continue to decrease while providing youth with the opportunities to participate in community service activities, advocate for issues in their community, enhance leadership skills, and provide youth with information about sexual health and gender issues.

APPENDICES

APPENDIX A: INCENTIVE FORM

ALL PARTICIPANTS WILL RECEIVE A *GIFTCARD* FOR PARTICIPATING IN THE STUDY. THE FIRST PERSON TO SEND THE QUESTIONNAIRE AND CONSENT FORM BACK WILL ALSO RECEIVE A *BONUS GIFT*. GIFT CARDS WILL BE MAILED TO ALL PATICIPANTS.

YOUR PARTICIPATION WOULD BE GREATLY APPRECIATED. I HAVE INCLUDED A SELF ADDRESSED EVENLOPE TO RETURN THE QUESTIONNAIRRE AND CONSENT FORM. PLEASE RETURN THE QUESTIONNAIRE AND CONSENT FORM BY THE END OF THIS WEEK. IF YOU HAVE ANY QUESTIONS FEEL FREE TO CONTACT MALAIKA RUSS AT (404) 762-4422, (251) 895-9439, OR AT malaikadruss@yahoo.com
THANK YOU. (

APPENDIX B: INFORMED CONSENT

Effectiveness of Youth Leadership Program

I am Malaika Russ, a Master of Social Work student at Clark Atlanta University. I am evaluating the effectiveness of adolescent pregnancy prevention programs. I have chosen to look at Georgia Campaign for Adolescent Pregnancy Prevention Youth Leadership Program; the Gainesville location. The purpose of this study is to measure the effectiveness of the Youth Leadership Program. The purpose of this form is to get permission of those participating in the study.

I am administering an interim questionnaire to determine the progress made thus far. The enclosed questionnaire consists of 34 questions. All the information the participants provide will be kept confidential. Participants answers will be used for the study but the identity of the participants will remain confidential. The questionnaire should take about twenty minutes to complete. This questionnaire is voluntary and all participants should sign and return this form within a week. Participants under the age of 18 should also have a parent/legal guardian sign this form.

I _____ am giving the evaluator of this questionnaire permission to use my answers for this study. I understand that my name, address, or any other personal information that could lead to my identity will be kept confidential.

(Participant Signature)

Date

(Parent/Legal Guardian Signature)

Date

APPENDIX C: SAMPLE MEASURE
YOUTH LEADERSHIP PROGRAM PRE/POST SURVEY

Program Site:

Initials: _____ Date of birth:

_____/_____/_____
Grade in school:

Race or ethnicity:

Gender: _____

Length of time in Program: _____

1. Do you know what advocacy means? Yes No

2. If yes, please define.

3. Have you participated in activities that involved advocating for an issue you care about? Yes No

4. If yes, how many? 0 1-2 3-4 5 or more

5. Please list any activities that involved advocacy.

6. Were you able to take on a leadership role in any activities or events this year?

Yes No

7. If yes, please list the activity or event and what you did as a leader.

8. Have you participated in leadership skills training? Yes No

9. If so, what type?

10. Have you served your community through volunteering or service—
learning?

Yes No

11. If yes, how many times? 0 1-2 3-4 5 or more

12. Please list the events or activities.

13. List some ways in which you can advocate for issues you are concerned
about in your community.

14. List some ways in which you can act as a leader and skills that leaders
have.

15. Please list ways in which you can serve in your community.

AGREE / DISAGREE QUESTIONS

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
I believe it is important to advocate for issues I am concerned about in my community, such as crime, the presence of drug dealers, the cleanliness of the neighborhood and the health of children and youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I am a good leader.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe it is important to serve my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that I can be an effective advocate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have personal qualities of a leader.					
I carefully consider what t.v., magazines and movies say about males and females and how they are supposed to look and act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to get information about sexual health if I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand that there are consequences to having sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do to prevent pregnancy and STDs, AIDS, HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think it is best to abstain (not have sex) while I am a teenager.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Have you received or are you receiving any education about sex? Yes
 No
 If yes, where? _____

17. Have you ever talked to either one of your parents about sex? Yes
 No
 If yes, which one? _____

18. Who or where do you go to if you have questions about sex?
 _____ Parents

- ☐ Family (Aunts, Uncles, Grandparents)
- ☐ Family-Older Sibling
- ☐ Friends
- ☐ Local Clinic
- ☐ School staff (guidance counselor, teacher, etc)
- ☐ Library
- ☐ Internet
- ☐ Don't ask
- ☐ Other? _____

19. Do you feel that you are pressured into engaging in sexual activity? Yes
 No

If yes, who is pressuring you? _____

20. What type of sexual activity have you experimented with?

- ☐ None
- ☐ Kissing
- ☐ Heavy Petting
- ☐ Oral Sex
- ☐ Intercourse
- ☐ Other, please specify _____

21. Have you had sexual intercourse? (done it, gone all the way) Yes
 No

If no, skip the rest of the questions.

If yes, how old were you the first time? _____ Years old

22. Do either of your parents know that you had intercourse? Yes
 No

23. Have you ever talked to either of your parents about using contraception? Yes
 No

If yes, which one? _____

24. During the past month, have you had sex more than once?
 If so, how many times? _____

25. How often do you use some form of protection against pregnancy when you have had intercourse? Is it ...

- ☐ Every time
- ☐ Most of the time
- ☐ Sometimes
- ☐ Hardly ever
- ☐ Never

26. If yes, what do you use? Is it... (check all that apply)

- ☐ Condoms
- ☐ Pills
- ☐ Foam
- ☐ Condom/Foam
- ☐ Sponge
- ☐ IUD
- ☐ Diaphragm
- ☐ The Patch
- ☐ Withdrawal or pull out
- ☐ Anal Sex
- ☐ Something else? _____

27. Have you or your sexual partners ever used anything to protect against sexually transmitted diseases, AIDS, HIV?

No

Yes

If yes, how often do you use something to protect against sexually transmitted diseases, AIDS, HIV?

- ☐ Every time
- ☐ Most of the time
- ☐ Sometimes
- ☐ Hardly ever
- ☐ Never

28. If yes, what do you use? Is it... (check all that apply)

- ☐ Condoms
- ☐ Pills
- ☐ Foam
- ☐ Condom/Foam
- ☐ Sponge
- ☐ IUD
- ☐ Diaphragm
- ☐ The Patch
- ☐ Withdrawal or pull out
- ☐ Anal Sex
- ☐ Something else? _____

29. Have you or your partner ever been to a doctor or any kind of clinic to get birth control?

If so, where?

FOR FEMALES:

- | | |
|------------------------------------|-----|
| 30. Have you ever been pregnant? | Yes |
| No | |
| 31. Are you pregnant now? | Yes |
| No | |
| 32. Are you the mother of a child? | Yes |
| No | |

FOR MALES:

- | | |
|---------------------------------------|-----|
| 33. Have you gotten someone pregnant? | Yes |
| No | |
| 34. Are you the father of a child? | Yes |
| No | |

THANKS FOR TAKING THIS SURVEY!!!

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